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I.

OPERATION OF LITHOTOMY, TO REMOVE PART OF A CATHETER FROM THE BLADDER.

THE following interesting history is related in the London Medical and Physical Journal, and will not be found destitute of practical instruction.

John Mitchell, ætat. thirty, was admitted into the Middlesex Hospital, under the care of Mr. Mayo, on the 20th of April. Three weeks before this, being under treatment for stricture, a surgeon, who attended him, passed a small elastic catheter into the bladder, which broke, leaving five inches behind. Between the period of this accident and his admission, the urethra had been dilated by the passage of instruments, and various attempts had been made, by means of bladder forceps, to extract the broken catheter.

At the period of his admission, this patient suffered only when, in voiding his urine, the bladder became nearly empty: the expulsion of the last drops of urine was attended with pain in the bladder, which lasted several minutes. The urine, however, was perfectly clear, and there was no call to pass it oftener than usual.

Upon examining the bladder with a sound, neither Mr. Mayo nor his colleagues could detect the presence of the broken catheter. Mr. Mayo, however, believing, from the history and symptoms of the case, that the foreign body must still be there, made several attempts with various instruments to seize it, and draw it through the urethra. These attempts were entirely fruitless, and brought on a slight degree of fever: they were therefore discontinued. With the use of opiates, the warm bath, and alkaline drinks, the patient's condition speedily improved. The feverish symptoms left him, the pain on voiding the urine lessened, and sometimes for a day he was wholly free from it.

After a time, however, the symptoms became aggravated; the pain in the bladder on passing the urine was increased; pain of the same description was felt upon evacuating the bowels; the urine became turbid, and there adhered to the bottom of the vessel a viscid puriform mucus. The patient now passed fragments of calcareous matter, to which small portions of the crust of the catheter adhered. Under these circumstances, Mr. Mayo examined the bladder anew with the sound, determining to make fresh attempts, if anything should be felt in the bladder, to extract it through the urethra. But the lining membrane of the bladder was now acutely sensible, and the presence of the sound could scarcely be borne by the patient. Portions of calcareous matter were, however, distinctly felt in the bladder; and the patient expressed a strong wish to be cut, rather than to suffer renewed attempts at extraction by the urethra.

Accordingly, on the 12th of July, the lateral operation was performed by Mr. Mayo. The bladder being cut into, the broken catheter was taken out in two portions, each having a thick calcareous concretion upon it. This concretion was of a brittle nature, and some difficulty was experienced in clearing the bladder of the fragments that were detached; the bladder was washed out with warm water, but still some fragments remained. The patient, who appeared to suffer considerable pain from the process, was then returned to bed, and forty drops of laudanum were administered to him. Three hours afterwards, some urine having flowed away, not containing calcareous matter, Mr. Mayo again introduced the tube of a syringe into the bladder, and injected warm water. A slight attack of shivering followed, which recurred early the following morning; but the bowels being freely moved in the course of the day, the patient felt relieved. His subsequent progress has been perfectly favorable, and several fragments of calcareous matter, probably all that remained, have flowed away in the urine.

Mr. Mayo employed a double-edged scalpel and Blizard's knife, and remarked, in reference to the operation of lithotomy, and to the instruments used in it: 1st, that the outward wound should be very oblique, by which means its direction is brought to the nearest correspondence with that of the incision in the bladder, and the rectum is placed in the least danger of being wounded; 2d, that the groove in the staff should be opened towards the left side, by making the left edge of the groove considerably shallower than the right; 3d, that the curve of the staff should be sudden, and that the part beyond the curve should be of sufficient length, and nearly straight, not bent upwards at the point; 4th, that the groove in the staff should terminate abruptly, and a full third of an inch from the end of the staff; 5th, that the scalpel employed to cut into the urethra and bladder should have a double edge, in order that it may be the easier run into the groove of the staff; and that the upper surface of the scalpel itself is all the better for having an oblique, shallow groove, corresponding with the left edge of the groove of the staff; 6th, that the Blizard's knife, which Mr. Mayo recommends, if the operator does not employ the scalpel to complete the incision, should have a short cutting edge, and should end in a large square beak, calculated to strike full against, and to be securely checked by, the deep, square and abrupt termination of the groove of the staff, the beak being set upon the blade just so obliquely as to give the edge the requisite direction downward and outwards,—for moving in which direction, the Blizard's knife, it may be observed, is already disengaged from the staff, by the joint effect of the obliquity of the beak and of the shallowness of the left edge of the groove of the staff. A skilful hand will no doubt execute this operation well with any instrument; but it must be desirable to adapt instruments as exactly as possible to the objects upon which they are to be employed.

II.

INCONTINENCE OF URINE CURED BY AN OPERATION.

The following very remarkable history was communicated to the London Medical and Physical by Mr. Brodie, and the operation performed by an Irish surgeon—Samuel Hobart, Esq., of Cork.

Mary Conner, a respectable young woman, æt. twenty, laboring under incontinence of urine, consulted me some time since, in the expectation of receiving some relief from symptoms which rendered her existence miserable. She gave me the following statement of her case:—That she had fallen down stairs about three years before, and had injured her back in the fall; from which period, up to the time of her placing herself under my care, she gradually lost all command over the contents of the bladder: she had previously taken the advice of many professional men in Cork and elsewhere, without receiving any benefit, and, at the time above alluded to, suffered extremely from excoriation of the labia, and inside of the lower extremities, from the constant flow of urine. The opinion entertained of her case was, that the symptoms were caused by paralysis of the neck of the bladder, produced by the fall, and that little or nothing could be done for her relief.

On examination, I found the urethra so much enlarged (so that, unless the power of retaining the urine depended entirely on the sphincter vesicæ, no check could be given whatsoever to its constant flow) as to admit with facility a full-sized rectum bougie. The sides of the canal lay quite loose and flabby, appearing to have entirely lost the power of contractility. It appeared to me that a certain degree of harmony should exist between the bladder and urethra, to produce the natural control over the contents of the former viscus: with this view I proposed diminishing the diameter of the canal, by removing a portion of its substance; but my professional brethren in attendance would not consent to my suggestion, as they were of opinion that it would not be productive of success: it was therefore abandoned until other means should be tried. Every plan that could be devised, and every medicine that could be thought of, were employed, but without producing the slightest improvement. I, then, a second time proposed my former plan of treatment, which was agreed upon, and the operation was performed in the following manner, in the presence of my friends Drs. Pitcairn and Bull.

Having placed her on her knees on a table, with her head downwards, and dilated the vagina with Weis' speculum, I introduced the index finger of my left hand into the urethra as far as the neck of the bladder, and having passed a sharp-pointed bistoury to the end of my finger, then raising its point, and cutting through the side of the urethra, so as to form one cavity of that canal and the vagina; I removed a portion of the urethra, the entire length of the canal, and of a triangular shape, with a knife-edged scissors. The lips of the wound were then brought together by means of pins, and secured by the interrupted suture.

The pins were all removed at the end of eight days, leaving the parts perfectly united, and the woman completely restored, having entirely recovered the perfect control over the discharge of urine. The urethra at this time has to all appearance recovered its natural tone and size.

That this case throws an important light upon the functions of the urethra, is but too evident. A very intelligent teacher of anatomy, to whom the detail was submitted, looked upon it is a forlorn hope, and that a "dripping" urethra would be her portion for the remainder of her life. I confess, however, I was not over-sanguine myself in the result; but I felt so much interest in a case that I had anxiously watched for three years, that I determined to make the experiment, and the consequence has been not only the restoration of a young woman to the enjoyments of all the comforts of life, but also the having enabled her to become a wife, and possibly in due time a mother.

III.

ON THE SURGICAL TREATMENT OF MR. HUSKISSON'S WOUND.

The following extracts from British journals will be found interesting.

To the Editor of the Liverpool Albion.

Sir,—From a casual conversation with a medical gentleman on the subject of the accident which led to Mr. Huskisson's death, I am induced, for the sake of humanity, to bring to notice a question which cannot be too publicly discussed, in order that it may be settled candidly and correctly. All accounts which I have heard or read about the disaster, concur in stating that there was a dreadful laceration of the muscles of the thigh, and below the knee also, and that the sufferer was in excruciating agony, with convulsive twitches extending up the body, arising from the laceration. Mr. Huskisson, it appears, lived nine or ten hours after the accident; during which period he was much debilitated through previous illness, and loss of blood from the wounds, but that this loss was comparatively small, through the prompt assistance afforded, and that he was capable of asking many irrelevant questions, and altered his will. Now, why was not amputation performed as speedily as possible after the accident? I am informed, that it is held proper by some in the surgical profession to wait for a reaction in the system, after so violent a shock, and that death would, otherwise, immediately follow the amputation. On the other hand, I am also informed, that Sir A. Cooper's advice is, that where there is a great laceration, the knife produces the best reaction; and I am also told, that a very small quantity of blood is lost in a skilful amputation. Was there *the least probability* of the sufferer's rallying for a moment while the cause of this convulsive twitching was not removed, while nature was most painfully struggling with a limb, which, though shockingly lacerated, was in a living state, and acting in the strongest possible manner on the whole nervous system? If not, why was not amputation unhesitatingly performed? One of these three events would have followed such a course. Had the patient died under the operation, the best means would, perhaps, have been tried for his recovery. Had the patient survived it a few hours, those hours would have been comparatively easy to him, because the laceration would have been removed. Had the patient recovered, the case would have been still more successful. I should like to know what Mr. Taylor, the experienced surgeon of Oldfield-lane, Manchester, would have done, had he been called in, and the case left entirely to his skill and discretion. In the last edition of a pamphlet which I published in the *Pamphleteer*, I took occasion incidentally to mention the advantages which would accrue to society, if a very few only of the medical men, in each large town, were licensed to practise in difficult surgical cases, and the rest were to give their attention to lesser cases and medicines. I do not mean to attribute any neglect to the surgeons who attended Mr. Huskisson after his misfortune, but I wish an important question, on which the profession appear divided, to be publicly decided by the best authority, for the good of the human race.

I am, Sir, yours, &c.

HUMANITAS.

Worrington, Sept. 22, 1830.

From the Edinburgh North Briton.

We have heard a variety of medical opinions expressed with regard to the probability of saving Mr. Huskisson's life, by having recourse to amputation, and all of them, without exception, agree that it was the better mode of treatment, and the only one which held out any chance of restoration. It has been stated, as a reason for desisting from the attempt, the inability of the unfortunate sufferer to support the loss of blood that must have necessarily followed this operation, and, especially, the presence of incessant spasms. We rather think that both of these would have been checked by the operation in question. Not above two or three ounces of blood are lost in amputation of the thigh : the limb is removed in *thirty seconds*, and only two or three bloodvessels require to be secured. He would have lost ten times less blood by amputation than without it. But we are told his constitution was feeble : "he had taken no other sustenance than tea, toast, and gruel, for the last six weeks." So much the better ; for his constitution was prepared by the regimen for such an operation. Nor do we conceive that amputation would have been too severe a shock for his debilitated frame. Quite the reverse. Had the operation been performed on the railroad, all and every source of irritation from so severe an injury of the soft and hard part would have been removed, the laceration and bruised wounds changed to a clean incised one, and he saved the torturing sensations of broken bones, torn muscles, bloodvessels, nerves. We could cite hundreds of parallel cases from the surgical works of Larrey, the great surgeon who accompanied Bonaparte in all his eventful and sanguinary campaigns ; from our own countrymen, Mr. Copland Hutchinson, Dr. Dewar, of Stirling, Dr. Quarrier, and others, who were at the battle of Algiers. The wounded were amputated, in that bloody cannonading, the instant they arrived in the cockpit. "The knife *immediately* following the injury," says Dr. Quarrier, "was the most effectual mode of securing the patient

from nervous or sensorial irritation."

"In one case," says Dr. Dewar, "I considered the constitutional commotion an additional motive for amputating his arm at the shoulder-joint without delay, and the commotion speedily diminished. The operation was performed a few minutes after the receipt of the wound. Some time after, in conversing with the patient, he expressed himself in very strong terms of the relief he had experienced from inexpressible suffering by the operation."

"The depression of mind," says Mr. Hutchinson, "so unfavorable to the success of an operation, does not come on till the spirits are exhausted by pain and loss of blood. The most severe wound is hardly felt at first, and the smart terminating in agony, does not come on for some time, —a time which may, and should, also, be anticipated by operation. If the surgeon possess sufficient nerve, and proper confidence in his own talents, the operation *ought not to be deferred one moment.*"

"Si l'on ne fait promptement l'operation," says Larrey, "la douleur se manifeste, la fievre s'allume, les fonctions sont derangés: successivement l'irritation augmente, et il se declare des movemens convulsifs ; le plus leger retard compromet la vie du blessé. C'est seulement dans les cas ou, au moment de la blessure il se manifesterait du delire, des convulsions et de l'inflammation, qu'il faudrait differer l'operation."

But enough has been said to found a high probability that, had a navy surgeon been on the field, (not his element to be sure,) the life of our able Statesman might have been saved.

The following letter, addressed to the Duke of Wellington by Mr. Whatton, one of the surgeons who attended Mr. Huskisson in his last moments, was read to a meeting at Liverpool, relative to the funeral of the departed Satesman, by the Rev. J. Brooks :—

Manchester, Sept. 16, 1830.

My Lord Duke,—By an express last night, from Manchester, you would doubtless be made fully acquainted with the melancholy death of Mr. Huskisson; but it has occurred to me that you might be desirous of more direct information respecting the particulars of his decease, and, as one of the surgeons in attendance on the Right Hon. Gentleman, I therefore have the honor of addressing your Grace.

Of the way in which Mr. H. received the injury your Grace is aware. He sustained a compound fracture of both the leg and thigh, attended with most extensive laceration of the soft parts and comminution of the bones, so much so as to lay entirely bare the great bloodvessels and nerves of the limb. From the consequence of loss of blood, and from the shock sustained by the constitution, there was, of course, the greatest depression of the powers of life, followed by cold faintings, and the most violent spasms of the body. It was not possible, under so severe a shock upon the nervous system, to recruit his strength, or to rally the circulation, and, after a protracted suffering of eight or nine hours from the excruciating agony produced by the twitching of the divided tendons and muscles, he expired at nine o'clock in the evening. The Right Hon. Gentleman retained sufficient power of body and fortitude to dictate certain testamentary documents, and took leave of his afflicted lady and friends with great self-possession and presence of mind.

I do not learn that this melancholy occurrence took place from any neglect or carelessness of the engineers, or of any person entrusted with the management of the carriages, but rather from the want of proper caution and knowledge of the machinery on the part of the Right Hon. Gentleman himself.

I have addressed a copy of this note to the Right Hon. Sir Robert Peel, one of his Majesty's principal Secretaries of State, for his information.

I have the honor to be, my Lord Duke, your Grace's most obedient servant,

W. B. WHATTON.

IV.

RECOVERY FROM RUPTURED UTERUS.

From the London Medical Gazette.

MRS. Cuthbert, aged 32, was taken in labor whilst on a journey through this town, on the evening of the 6th August last. The full period of gestation was completed, but notwithstanding her advanced state of pregnancy, she had travelled upwards of 200 miles on foot within a very short period. On her arrival here, she called in the aid of a female practitioner, who remained with her during the night of the 6th, and who described the presentation to have been natural, and the labor forward and rapid in progress. This person stated, that during a pain, from which she expected the immediate expulsion of the head of the child, the patient at the time on her feet by the side of the bed, a gush took place, the head of the child receded, and the labor pains ceased entirely. This took place about five o'clock in the morning of the 7th. About 7 o'clock, I was called, and found the poor woman in great distress. The floor of the small apartment had been flooded over. Drops of cold sweat stood on the patient's face, which was ghastly and anxious. She complained of constant "tearing pain." Her breathing was labored and oppressed. Her pulse 130, small and feeble. She was vomiting dark-colored fluid. The short history which I obtained of the case at once convinced me of its nature. On laying my hand on the abdomen, the form of the child could be distinctly felt through the parietes. On examination, I found the *os uteri* rigid, and so closely contracted as hardly to admit the point of my finger. Passing my hand forward to the right side of the cervix, I readily ascertained the commencement of the rupture, which extended towards the fundus. The child was high up in the abdomen. Under these circumstances I thought it advisable to summon further aid, and Mr. Dalton, an able and experienced surgeon of this town, soon joined me. That gentleman at once agreed with me as to the nature of the mischief. On introducing his hand, he found the laceration to be as I have described it; and whilst tracing its extent, he fortunately came in contact with one of the child's feet. He soon got hold of the other, and brought both down. The extraction was proceeded with gradually and firmly; but the great difficulty was found to consist in bringing the head through the outlet of the pelvis. The pelvis was of contracted dimensions; and I learned that her former labors, two or three in number, had been attended with great difficulty. We found the obstruction to proceed from the superior maxillary bone of the left side being fixed on the symphisis pubis. The head of the child thus lay obliquely in the pelvis; the right ear nearly opposite the sacrum, and the chin and mouth being the nearest presenting parts. We tried, by fixing the fingers on the lower jaw, to place the head in a better position, or to extract it, without success. Perforation through the basis of the cranium could, in this case, we considered, little facilitate its passage. We found the long forceps of little use, it being difficult to fix them properly. The vectis was applied on the right side, over the external orbitar process, reaching to the coronal suture. The long-continued and repeated efforts which were persevered in before the cranium could be moved, were extraordinary. After two hours' hard application, the head was forced down. The child had been dead for many hours. The vectis had borne in that side of the frontal bone upon which it was fixed. The placenta was soon afterwards found detached and extra uterine, and was easily extracted. It required some care to prevent protrusion of the intestines along with the placenta. There was no farther flooding. The patient still complained of great pain and tenderness. She was much exhausted; and neither her general appearance nor pulse augured favorably of the termination of her great sufferings. The difficulty of breathing was of course much relieved. Opiates were given at intervals throughout the next four-and-twenty hours, and some subsidence of the vomiting and violent pain were procured. On the following morning, more to my surprise than otherwise, I found the severity of the symptoms, generally, ameliorated. The vomiting had almost ceased; the tenderness of the abdomen had not increased; still I thought it a safe precaution to apply twenty leeches, and keep up fomentations. Saline mixture with laudanum was administered every four or six hours. On the 9th the countenance began to lose much of its anxiety, and the tenderness and pain to decrease. The bowels were readily relieved by a small dose of castor oil, and the urine was voided with ease. The pulse was also much improved, being considerably less frequent and softer. Though we naturally calculated on some injury to the soft parts, from the strong application of the vectis, I was agreeably surprised to find that no sloughing or other inconvenience had taken place. On the 18th day she was able to sit up, and by the 30th was able to resume her journey.

V.

THE YELLOW FEVER.

At a meeting of the College of Physicians, a paper was lately read, entitled "Observations on the Blood," by Dr. Stevens. The object of the author was to prove that the proximate cause of yellow fever was to be found in the changes which the blood undergoes, and that the true remedy for this and other fevers consists in opposing by proper means those changes. For the advantage of the reader, it is perhaps necessary to remind him, that, until a very recent period, the organic lesions capable of producing death in fevers were supposed to be exclusively confined to the solids of the body, or, in other words, that the fluids, in which of course the blood is included, had no share whatever in the production of a fatal termination. This theory had many opponents, but it nevertheless generally prevailed, until the ingenious Dr. Clanny, of Sunderland, submitted it to the test of direct experiment. This physician had an apparatus constructed at great expense, for the purpose of investigating this important subject. The result of his experiments was some time since made known in his lecture on typhous fever. Dr. Clanny proved that the changes which the blood undergoes in fevers are incontestable, and that the violence of symptoms, and the certainty of death, are strictly relative to the rapidity and extent of those changes. A confirmation of Dr. Clanny's discovery is now brought forward from a distant part of the world by Dr. Stevens, a gentleman who practises in one of the West India islands. These gentlemen differ in their theories of the changes which the blood undergoes, but they agree as to the fact that such changes take place. The practice which they have adopted to prevent their recurrence is the same, and is attended with the same extraordinary success. Dr. Clanny is enabled, in all cases of typhous fever, where care is taken to protect the system from the pernicious effects of early excitement, to lead the symptoms, as it were at will, to a speedy and favorable termination. Similar means produce the same result in the African typhous and yellow fever. "On opening the heart," says Dr. Stevens, "we find, instead of blood, a dissolved fluid, nearly as thin as water, and almost as black as ink. In both the cavities of the heart the fluid is equally black, and in the whole vascular system all distinction between arterial and venous blood is entirely lost. In this state it is quite evident that the blood is incapable of stimulating the heart or supporting life." In the progress of the fever, the changes of the blood succeed each other in the following order :—1st. The blood loses its solid parts, and becomes thin. 2d. It loses its saline principle, and becomes black and vapid. 3d. Its preservative elements are now dissipated, and it goes fast to decay, the more rapidly, says Dr. Clanny, as no new blood can now be formed. 4th. It loses its vitality, and is incapable of supporting life.

Whatever may be said as respects mere theory, the observations of Drs. Clanny and Stevens must be highly gratifying to the profession. Their discoveries will change all the received opinions on the nature and treatment of fevers. Their success in the treatment of these destructive diseases is altogether unprecedented in the history of the healing art. The curative method applied by them respectively to the typhous or to the yellow fever, is equally successful. There are no deaths when the treatment is resorted to in the early stages of these fevers. It consists in allaying the excitement, if any exist, during the first twenty-four hours, by venesection, mild purgatives, and sponging the body with cold water; the saline medicines, which are considered the best agents for preventing the decomposition of the blood, are then exhibited in small and repeated doses. Those usually preferred are the Rochelle salts, and the carbonate of soda, potass, and ammonia, &c. This practice was tried in the hospital at Trinidad in 1828, a season peculiarly sickly in that island. It was applied in three hundred and forty cases, including the remitting and yellow fevers, admitted into hospital, after the symptoms had existed variously from six to seventy-two hours, with such success, that not a single case proved fatal. Dr. Stevens says it can be clearly proved, in the West India fevers, that those patients that are left to nature have a better chance of recovery than those who are treated with emetics, calomel or antimony, opium or acids; and that these remedies decidedly increase the very evils they are meant to relieve, and add greatly to the mortality of fever in hot climates. Dr. Clanny maintains the same opinion as to their effects in the typhus of cold climates. Dr. Stevens states, that those who attend only to the solids and the mere excitement, can never cure a single case of yellow fever that is really severe. From the results of this plan of treatment, not only in their hands, but in those of Dr. Stedman, of St. Thomas's, and Mr. Greatrex, of Trinidad, it must be, as it deserves, generally adopted. Whilst these fevers were considered as diseases of the solids only, and treated as such, no efficient control could really be exercised over them. This is a proposition the most determined localist cannot controvert. Wherever this treatment has been tried, its authors assure us that these hitherto terrible scourges have been disarmed of their terrors.

That Drs. Clanny and Stevens have merited well of science and humanity, there is no room to doubt. Since the publication of Dr. Clanny's lecture, this improvement in the treatment of fever has been much talked of, and one of the most popular lecturers, Dr. Elliotson, speaks of it in the highest terms of praise. We take this opportunity of paying a just tribute to the merit of Dr. Clanny's researches, and the rather as his fame for this valuable improvement in medicine is henceforward bound up in that of his partner in the inquiry, Dr. Stevens.

VI.

MR. LAWRENCE'S CONCLUDING ADDRESS.

WILL you allow me, gentlemen, before taking my leave of you, to say to those who may have concluded that portion of time which they mean to devote to their studies in London, that I trust they will not consider their education completed, and that their further attention is not required to those points of professional knowledge which are necessary to qualify them for entering into practice. It is impossible, I conceive, for any person fully to convey to others, by oral description, the knowledge he may happen to possess on a particular subject. You cannot convey knowledge from the mind of one person into that of another, as you can pour fluid out of one vessel into another. The acquisition of knowledge, so far as it can be of real service in a profession like that of medicine, requires great activity of mind. In listening to lectures and other discourses, the mind is passive; you can hear easily enough what is delivered, but in order to qualify you for the duties of the profession you must actively exert your own faculties, and in some respects, therefore, your education only begins at the time when most persons think it is finished. I conceive, indeed, that the only valuable information a man obtains, is that which he himself procures. It is the direction of his own energies to the subject in question, which alone can lead him to gain the kind of knowledge that will be of real use to him afterwards, for practical purposes in his profession. In this respect we may really say that the education of a member of the medical profession is never at an end—its duration is concomitant with the existence of his life. As long as he continues to exercise his calling—as long as he has opportunities of observing the phenomena of disease, and of observing the effects which a certain course of treatment produces on it—so long he increases his stores of knowledge, and renders himself more and more capable of conferring those services on the public which are expected at his hand. This, in my opinion, constitutes a very great advantage in our profession. There are subjects which interest, always before us; in fact, the whole of our active duties lead us to that improvement which, while it calls into exertion the faculties of our minds, at the same time increases our power of doing good to others, that is, of discharging those duties which particularly belong to our own profession. I do not know any kind of profession, or any occupation, which in this way is a more valuable exercise of the mind, than the medical, or which, in respect to its effects on the individual himself, is more salutary; while, on the contrary, I cannot conceive any situation that can be a more unenviable one, than for a person who has begun the exercise of his profession, or who is going on with it, without a consciousness that he has done everything in his power—and continues to do everything in his power—to increase his practical knowledge, and thereby to gain every means of rendering assistance to those who place themselves under his care.

It really does appear to me, gentlemen, that if, in the care of any important case, a person should feel that he does not understand it, and that the patient, perhaps, is inefficiently treated in consequence of his ignorance, —I say I conceive it is impossible for such a person to enjoy peace of mind, or find that repose, when he lays his head on his pillow, which is necessary, after the active duties of a profession like ours.

[Mr. Lawrence then retired from the theatre amidst the most enthusiastic cheers.]

The above address, as reported for one of the English journals, was delivered by Mr. Lawrence to his class in London, after a long and most able course of lectures on

Surgery, some extracts from which we have occasionally given our readers.—The concluding sentence contains a sentiment of great weight and solemn warning,—a sentiment which should ever be a present stimulus to the mind of every one who practises, as well as of him who is preparing to practise, the noble art of healing. Setting aside every other consideration, this sentiment alone teaches the student, most impressively, to be diligent in the acquisition of knowledge,—not to assume the responsibilities of practice too soon, and, when he has assumed them, never to act hastily or from the blind impulse of theory, prejudice, or a love of display, but always with deliberation, judgment and discretion.

BOSTON, TUESDAY, NOVEMBER 23, 1830.

DIET IN PHTHISIS.

We have already mentioned as among the novelties of the present day, the attempt lately made by a foreign practitioner of some eminence to bring into discredit the rigid system of diet, and particularly the exclusive use of vegetable food, in patients suffering under chronic disease. The author, M. Piorry, appears to have examined the subject with great attention, and his reasoning proves him to possess very considerable learning and sagacity. The general principle which he assumes is, that the tendency of low diet in common with bloodletting is to produce absorption; a result which, though it might sometimes be useful, if limited to the diseased parts—as in the case of tumors, for instance—can never be otherwise than injurious to the system generally. In the case of diseases accompanied with ulcerative inflammation, the effect of increased absorption must be to throw the purulent matter back into the circulating system; on which its influence is more to be feared when not modified by the products of digestion. So long as vigorous digestion is kept up, the chyle passes into the blood, and counteracts the putrescent principle conveyed to this fluid by the absorption of pus; whereas if the blood is furnished with its supplies at the expense of the tissues already in existence, this counter-action can have no place, and the integrity of the circulation will be constantly impaired.

Among the various applications of which these principles are susceptible, not the least interesting, in connection with the opinions generally entertained, is that which concerns the treatment of phthisis pulmonalis. The usual indication regarded in this disease, is that of abstracting all stimulus, and every circumstance capable of exciting the circulating function. In accordance with this view, and with that of preventing constipation, vegetable food is substituted for animal, and stimulants of every kind expressly interdicted. Some practitioners have even advised, that direct means should be employed to check the assimilating process; and with this view, acids, mineral and vegetable, and even vinegar, in large quantities, have been prescribed. To all these views, and to the means by which they are to be accomplished, M. Piorry is entirely opposed. If tubercles have suppurated, he observes, they cannot be cured by abstinence; if still hard, they will not be absorbed in consequence of rigid diet. The sputa will not be improved by depriving the patient of nourishment; the fatal effects of the reabsorption of fluid secreted on the mucous surface of the lungs, will not be lessened by the void which follows the privation of food; nor will the partial pneumonias, which are produced around the tubercles, be arrested, because the appetite of the patient is not gratified. "In this manner, abstinence carrying off the blood, favoring dangerous absorptions, not modifying the putrid matter absorbed by a healthy chyle, which might in some measure lessen its effects, undermining the strength, irritating the stomach and remedying nothing, can be only viewed as one evil more added to a terrible malady."

These considerations have certainly some force, and though too much weight may be given them by M. Piorry, they are entitled to the serious attention of every practitioner who has allowed himself to be entirely governed by the prevalent dogmas in respect to this disease. As respects the voice of experience on this point, there is unfortunately little to urge in favor of either plan. That patients are day after day mowed down by phthisis, in despite of the usual routine of small bleeding, abstinence, cathartics, and all the et cetera of ordinary practice, is certain; that these measures accelerate the event, is not so well ascertained. It is often observed, however, in other chronic cases, that patients are recovered by means of some new remedy, unimportant in itself, but with which is conjoined a better system of diet. In the secondary stage of acute cases, the fact is no less remarkable. In fevers and inflammations, as we learn from experience, there is a certain point, at which depletion ceases to be useful; and when we must substitute bark and wine for bleeding and cathartics, or we lose the patient. Yet, though this principle is acknowledged on all hands, the application of it is found to be a point of some difficulty; and the unwary practitioner is apt to be led on insensibly from day to day, using remedies which, though at first highly proper, are no longer useful or safe. If at this period a second medical adviser be called in, whose mind is uninfluenced by a previous course of treatment, he will probably at once adopt a correct view of the case, and snatch the credit of a cure from his less fortunate brother. We have ourselves known consultations to terminate in this manner, and suspect the coincidence not to be a rare one. There can be no doubt that the secret of many of the marvellous cures of syphilis, and other diseases at a late stage, may be found in the application of the same principle. It is not then unreasonable to suppose, that a similar error may sometimes be committed in this disease; and that where a rigid system of diet has been persevered in without benefit, a more generous treatment may be attended with advantage. Independently, however, of these general views, there are some striking facts which afford a direct support to the theory in question.

It is often urged by the advocates of vegetable diet in disease, that whatever be its value as a source of positive benefit, it is certainly attended with less hazard, since, if not digested, it readily passes off from the canal. Now it appears from the examination of those who have died from phthisis, that one of the most frequent precursors of a fatal termination is tuberculous ulceration of the intestine. This ulceration, it is to be remarked, has its usual seat at a part widely distant from the stomach. On the other hand, experiments on animals, and some instances of unnatural formation in man, sufficiently prove, that vegetable substances, imperfectly digested in the stomach through which they pass rapidly, remain a long time in the intestines, which are irritated by their presence. "Yet," says our author, "we give milk to remove tubercles of the intestine, and vegetables in order to prevent enteritis. We refuse animal food to phthisical patients, although all the symptoms announce that the stomach is healthy. We prescribe a vegetable diet to the consumptive patient, and rigidly deny him soups and meat, although observation has shown that herbivorous animals are the most liable to tuberculous disease, and that among those which feed on flesh the same phenomenon is scarce known to occur."

It is but just, however, to remark, that arguments derived from a state of health, ought to be applied with some caution to one of disease; and that, although it might appear to be a law that animals living exclusively on animal food were exempt from tubercles, it would not follow that this diet was better suited to the treatment of pulmonary disease in the human system. The true inference to be drawn from the fact last mentioned would be, that in the state of the solids and fluids, induced by the use of animal food when digested, there is nothing unfavorable to the sound condition of the pulmonary tissue; that, on the contrary, this aliment, when duly assimilated, offers the best means of guarding against pulmonary disease, and even of arresting its progress when commenced. This conclusion in itself is one of great interest and importance; but it does not go the whole length of determining the use of animal diet in a given case—since, in settling this point, the circumstances of the particular case must always be kept in view. It is evidently a point of primary importance in chronic disease, that the food taken into the stomach should be digested; since, if this does not readily happen, an irritation is occasioned by its presence, which will certainly be transferred to the affected tissue. Now it is matter of common observation, that there are states of the system in which light farinaceous food is easily borne and readily digested, but animal substances cause great oppression, and are either rejected, or assimilated with much difficulty. On this ground it is, that articles of the first kind are given to persons when the appetite has begun to return after fever; nor would it be viewed as a sufficient objection to this proceeding, that the long-continued use of vegetables produces disease in the lower viscera,—because the immediate advantage far more than balances the apprehended evil. The conclusion, then, admitting the above premises to be correct, seems to be, that animal food should be encouraged and enjoined in pulmonary cases, where the system is in a state to effect its perfect and ready assimilation. The probability of this will be influenced by the nature and amount of the medical agents employed at a particular period, and also by the degree in which bodily exercise in the open air can be indulged in; since, in the direct ratio of the latter and the inverse of the former, will probably be the degree of digestive power enjoyed by the patient. The fact, however, can only be determined by actual observation; and where this proves that the individual in question retains his omnivorous powers and propensities, it will certainly afford a strong argument for permitting their exercise.

SULPHURIC ACID.

This substance has of late come into use for purposes of assassination and of suicide. One case of rare barbarity was mentioned in this Journal; another has recently occurred at a Paris hospital. A young woman finding herself in a condition which must shortly disclose the impurity of her life, procured and swallowed a quantity of this acid. Large doses of magnesia and white of egg were immediately given, but of course without avail. The action of this powerful agent on the coat of the stomach is so instantaneous, that however early medical aid may be obtained, the efforts of our art must almost of necessity be unavailing.

On examination after death, the whole mucous lining of the mouth, throat, œsophagus and stomach, was white and raised in occasional vesicles. The pylorus and parts below were uninjured.

Sulphuric acid has been used in England for the malicious purpose of disfiguring the countenance, and blinding the eyes of a devoted victim. Within one year five cases of this description have been recorded, notwithstanding the passage of a law declaring it a capital offence.

UNVACCINATED PERSONS IN BOSTON.

It is well known that during the late existence of the smallpox in this city, measures were taken to ascertain the number of persons in the city who are unprotected from this disease. It was ascertained, after diligent search, that, in 10 wards and S. Boston (wards 4 and 6 not being yet reported), 4085 are in this exposed condition! Most of these are adults; and it is equally remarkable and melancholy that so many persons should be found, in an enlightened community, who are willing to lay themselves open to this terrible ravager of beauty and of life. Would it not be good policy in our government to procure, at the expense of the city, a general vaccination of the poor and thoughtless every few years?

Our acknowledgments are due to Dr. Ware and Dr. Manning for their valuable communications, which will be published next week.

Whole number of deaths in Boston the week ending November 12th, 17. Males, 3,—Females, 10. Stillborn, 4.

Of dropsy, 1—infantile, 1—intemperance, 1—unknown, 4—consumption, 2—dropsy on the brain, 1—canker, 1—drowning, 1—hooping cough, 1.

ADVERTISEMENTS.

MEDICAL SCHOOL OF MAINE.

THE MEDICAL LECTURES AT BOWDOIN COLLEGE will commence on *Monday, the twenty-first day of February,* 1831.

Theory and Practice of Physic, by JOHN DELAMATER, M.D.

Anatomy and Surgery, by REUBEN D. MUSSEY, M.D., Professor at Dartmouth College.

Obstetrics, by JAMES MCKEEN, M.D.

Chemistry and Materia Medica, by PARKER CLEAVELAND, M.D.

The ANATOMICAL CABINET is extensive, and constantly increasing.

The LIBRARY, already one of the most valuable Medical Libraries in the United States, is every year enriched by New Works, both foreign and domestic.

Every person, becoming a member of this Institution, is required to present satisfactory evidence that he possesses a good moral character.

The amount of fees for admission to all the Lectures is $50. Graduating fees, including diploma, $10. There is no Matriculating nor Library fee. The Lectures continue three months.

Degrees are conferred at the close of the Lecture term in May, and at the following Commencement of the College in September.

Boarding may be obtained in the Commons' Hall at a very reasonable price.

P. CLEAVELAND, Secretary.
Brunswick, Oct. 16, 1830. 4weop

ANATOMICAL LECTURES.

DRS. J. V. C. SMITH and J. B. FLINT, will commence their Fourth Course of Evening Lectures on Practical Anatomy and Physiology, at the Columbian Hall, Tremont St., on Wednesday evening, Nov. 27th—at 8 o'clock. Tickets for sale at the Bookstore of Cottons & Barnard, Washington Street, corner of Franklin Street.

HENNEN'S MIL. SURGERY.

THIS day received, by CARTER & HENDEE, Principles of Military Surgery; comprising Observations on the Arrangement, Police, and Practice of Hospitals, and on the History, Treatment, and Anomalies, of Variola and Syphilis. Illustrated with Cases and Dissections. By JOHN HENNEN, M.D. F.R.S.E. Inspector of Military Hospitals. First American, from the third London Edition. With a Life of the Author, by his Son, Dr. John Hennen. July 13.

GERMAN LEECHES.

RICHARD A. NEWELL, Druggist, Summer Street, respectfully informs the Physicians and Public generally, that he has just received a fresh supply of the above-named *Leeches*, which will be sold at a *fair* price.

N. B.—Leeches sent to any part of the city, and applied, without extra charge, by day or by night. 6w—Nov. 8.

SURGEON DENTIST'S MANUAL.

JUST received, by CARTER & HENDEE, The Surgeon Dentist's Anatomical and Physiological Manual. By G. WAITE, Member of the Royal College of Surgeons. Nov. 2.

NEURALGIC DISEASES.

A TREATISE on Neuralgic Diseases, dependent upon Irritation of the Spinal Marrow, and Ganglia of the Sympathetic Nerve. By THOMAS PRIDGIN TEALE, Member of the Royal College of Surgeons in London, &c. Just received by CARTER & HENDEE. Nov. 2.

SURGICAL INSTRUMENTS AND CHEMICALS.

STUDENTS in want of the above articles, would do well to call, before purchasing, at BREWER & BROTHERS', Nos. 90 and 92 Washington Street—Boston.

Oct. 15. ep3m

JUST published, and for sale, by CARTER & HENDEE,—Malaria; an Essay on the Production and Propagation of this Poison. By JOHN MCCULLOCH, M.D. F.R.S., &c. &c.

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid.*—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.